

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m c</i>	<i>12</i>	<i>6/15/00</i>
O.I.P.E. CLASSIFIER		<i>6793</i>	<i>6/21/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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